

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/07/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE PETERS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4410 LAUREL TWIG COURT CHARLOTTE, NC 28215</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 9/7/18. The complaint (#NC00140924) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a</p>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 107	<p>Continued From page 1</p> <p>decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to retain a signed job description for each staff position specifying minimum level of education, competency, work experience along with duties and responsibilities of the position for 1 of 1 former back-up staff (FS #1). The findings are:</p> <p>Review on 8/1/18 of FS #1's record revealed: - There was an employee file under a different agency (AFL provider's own company), but the licensee did not have any documentation on file for FS #1</p> <p>Interview on 8/16/18 with FS #1 revealed: - She worked for [AFL provider's company] and had no affiliation with Heartsprings (licensee). - She had worked for the AFL provider for less than a month. He (AFL provider) asked her to</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>work with his 3 clients in the home. She did not know they were not with [AFL provider's company].</p> <p>- She stayed in the home to care for the clients for a few days while the AFL provider went out of town.</p> <p>Interview on 8/2/18 with AFL Provider revealed:</p> <p>- He went out of town for 5 days and left his staff that worked for his own company in the home with the clients. She was not an employee of Heartsprings (licensee).</p> <p>Interview on 8/2/18 with the Licensee revealed:</p> <p>- He did not know that the AFL provider had someone working in the home while he went on vacation. The person working in the home was not an employee of Heartsprings.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type B rule violation and must be corrected within 45 days.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all staff received training to meet the nmh/dd/sa needs of the clients affecting 1 of 4 audited staff (Staff #5). The findings are:</p> <p>Review on 8/1/18 of FS #1's record revealed: - There was an employee file under a different agency (AFL provider's own company), but the licensee did not have any documentation on file for FS #1</p> <p>Interview on 8/16/18 with FS #1 revealed: - She worked for [AFL provider's company] and had no affiliation with Heartsprings (licensee).</p>	V 108		

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V 108	Continued From page 4  - She had worked for the AFL provider for less than a month. He (AFL provider) asked her to work with his 3 clients in the home. She did not know they were not with [AFL provider's company]. - She stayed in the home to care for the clients for a few days while the AFL provider went out of town. - She had worked with Client #1 already, but did not receive any specific training on FC #2 and FC #3 - She did not review a treatment plan for the clients. "I kept asking for paperwork."  Interview on 8/2/18 with AFL Provider revealed: - He went out of town for 5 days and left his staff that worked for his own company in the home with the clients. She was not an employee of Heartsprings (licensee). - There was no formal specific training provided in regards to Clients #2 and #3  Interview on 8/2/18 with the Licensee revealed: - He did not know that the AFL provider had someone working in the home while he went on vacation. The person working in the home was not an employee of Heartsprings. - No trainings documented  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type B rule violation and must be corrected within 45 days.	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND	V 110		

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V 110	<p>Continued From page 5</p> <p><b>SUPERVISION OF PARAPROFESSIONALS</b></p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the alternative family living (AFL) provider failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>Finding 1</p> <p>Review on 8/1/18 of Client #1's record revealed: - Admission date of 6/7/18 - Diagnoses of Autism, Moderate Intellectual Disability Disorder; Attention-Deficit Hyperactivity Disorder; and Post-Traumatic Stress Disorder</p> <p>Review on 8/2/18 of Client #2's record revealed: - Admission date of 1/1/15 - Diagnoses of Autism Spectrum Disorder; Unspecified Mood Disorder; Intermittent Explosive Disorder; Intellectual Disability Disorder (severe); Seizure Disorder; and Obsessive Compulsive Disorder</p> <p>Review on 8/2/18 of Client #3's record revealed: - Admission date of 1/4/16 - Diagnoses of Psychotic Disorder with delusions; Intermittent Explosive Disorder; Autistic Disorder; and Moderate Intellectual Disability Disorder</p> <p>Review on 8/1/18 of the AFL Provider's record revealed: - Hire date of 8/11/10 - AFL Provider</p> <p>Interview on 8/2/18 with AFL Provider revealed: - He went out of town for 5 days and left his staff that worked for his own company in the home with the clients. She was not an employee of Heartsprings (licensee). The Licensee was unaware that he went out of town and that this staff staying in the home with the clients.</p> <p>Interview on 8/16/18 with FS #1 revealed: - She worked for the AFL provider's company and had no affiliation with Heartsprings (licensee).</p>	V 110		

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V 110	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- She had worked for the AFL provider for less than a month. He (AFL provider) asked her to work with his 3 clients in the home. She did not know they were not with AFL provider's company.</li> <li>- She stayed in the home to care for the clients for a few days while the AFL provider went out of town</li> </ul> <p>Interview on 8/2/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- He did not know that the AFL provider had someone working in the home while he went on vacation. The person working in the home was not an employee of Heartsprings.</li> </ul> <p>Interview on 9/4/18 with MCO Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- When he and the monitoring speacialist visited the home on 7/11/18, a woman answered the door and said AFL Provider was out of town. He asked if she worked for Heartsprings and she said no, she worked for the AFL Provider. This was concerning because she should be working for the provider of the service.</li> </ul> <p>Finding 2</p> <p>Review on 8/1/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- He was admitted into the home on 6/7/18 through the AFL provider's company, not Heartsprings (the licensee).</li> </ul> <p>Interview on 9/4/18 with the Local Management Entity/Managed Care Organization (LME/MCO) Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- He was only aware of his 2 LME/MCO clients living in the home, but there was a 3rd client living in the home who was not with LME/MCO.</li> </ul> <p>Interview on 8/1/18 with the AFL Provider</p>	V 110		



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V 110	Continued From page 8  revealed: - He had 3 clients living in the home. Heartsprings knew about FC #2 and FC #3, but did not know about Client #1. Client #1 was not admitted by Heartsprings.  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type B rule violation and must be corrected within 45 days.	V 110		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	<p>Continued From page 9</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the MAR of all drugs administered to each client was kept current, affecting 1 of 1 current client (Client #1) and 2 of 2 former clients (FC #2, and FC #3). The findings are:</p> <p>Review on 8/1/18 of Client #1's record revealed: - Admission date of 6/7/18 - Diagnoses of Autism, Moderate Intellectual Disability Disorder; Attention-Deficit Hyperactivity Disorder; and Post-Traumatic Stress Disorder - No staff initials or documentation on MAR for 7/7/18, 7/8/18, 7/9/18, 7/10/18, or 7/11/18</p> <p>Review on 8/2/18 of Client #2's record revealed: - Admission date of 1/1/15 - Diagnoses of Autism Spectrum Disorder; Unspecified Mood Disorder; Intermittent Explosive Disorder; Intellectual Disability Disorder (severe); Seizure Disorder; and Obsessive Compulsive Disorder - No staff initials or documentation on MAR for 7/7/18, 7/8/18, 7/9/18, 7/10/18, or 7/11/18</p> <p>Review on 8/2/18 of Client #3's record revealed: - Admission date of 1/4/16 - Diagnoses of Psychotic Disorder with delusions; Intermittent Explosive Disorder; Autistic Disorder; and Moderate Intellectual Disability Disorder</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>- No staff initials or documentation on MAR for 7/7/18, 7/8/18, 7/9/18, 7/10/18, or 7/11/18</p> <p>Interview on 8/16/18 with FS #1 revealed:</p> <ul style="list-style-type: none"> <li>- During the time she stayed in the home with the clients while the AFL provider was gone, she gave the clients their medications. The medications were left out in a 7 day medication container.</li> <li>- She did not document giving the clients their medications because she did not have a MAR.</li> </ul> <p>Interview on 9/4/18 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> <li>- The clients did receive their medications, however the person left to work with them did not fill out the MARs.</li> </ul> <p>Interview on 9/4/18 with Local Management Entity/Managed Care Organization (LME/MCO) Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- Upon review of the MARs for FC #2 and FC #3 on 7/11/18, the MARs had not been filled out for "about a week or so."</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type B rule violation and must be corrected within 45 days.</p>	V 118		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require</p>	V 289		

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V 289	<p>Continued From page 11</p> <p>supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G</p>	V 289		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/07/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE PETERS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4410 LAUREL TWIG COURT CHARLOTTE, NC 28215</b>
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V 289	<p>Continued From page 12</p> <p>.0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to provide services within the scope of the program affecting 1 of 1 current client (Client #1) and 2 of 2 former clients (FC #2 and FC #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on record review and interviews, the facility failed to retain a signed job description for each staff position specifying minimum level of education, competency, work experience along with duties and responsibilities of the position for 1 of 1 former back-up staff (FS #1).</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility failed to ensure all staff received training to meet the nmh/dd/sa needs of the clients affecting 1 of 4 audited staff (Staff #5).</p>	V 289		

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V 289	<p>Continued From page 13</p> <p>Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on interviews and record reviews, the alternative family living (AFL) provider failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0209(c) Medication Requirements (V118) Based on record review and interview, the facility failed to ensure the MAR of all drugs administered to each client was kept current, affecting 1 of 1 current client (Client #1) and 2 of 2 former clients (FC #2, and FC #3).</p> <p>Cross Reference: 10A NCAC G.S. 122C-63 Assurance for Continuity of Care (V368) Based on record review and interview, the facility failed to notify the area authority of intent to discharge one of one former client with developmental disability 60 days prior to discharge.</p> <p>Cross Reference: 10A NCAC 27G .0303 Physical Plant (V736) Based on observation and interview, the facility failed to maintain the facility and its grounds in a safe, clean, attractive, and orderly manner and free from offensive odor.</p> <p>Review on 9/7/18 of the Plan of Protection dated 9/7/18 written by the Licensee revealed: What immediate actions did the facility take to ensure the safety of consumers in your care?</p>	V 289		

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V 289	<p>Continued From page 14</p> <p>Due to conditions at the home the residents were immediately removed from the home and placed in other Heartspring homes after having medical screening at the emergency room. We have made the determination that we will not be utilizing this site in the future or the services of the AFL provider.</p> <p>In order to help ensure this does not happen again Heartspring will increase frequency of monitoring to include implementation of unannounced pop in visits to the homes.</p> <p>We will also require every AFL home or prospective home sign an agreement (See attached "AFL Home Requirements and Standards" document) that list out the standards of cleanliness, expectations, and safety to which they will be held. They will be privileged in the information and must sign the agreement in order to be on our roster.</p> <p>There will be a checklist of these standards implemented for use during visits.</p> <p>During monitoring medication records and storage will be reviewed as part of the pop in visits as well as usual monitoring and a part of the checklist used during visits.</p> <p>Heartspring will require all AFL workers to be privileged in the AFL rules and sign the agreement containing the standards to which they will be held.</p> <p>Heartspring will ensure retraining of AFL workers to include review of appropriate use of back up staffing and requirements that all back up staff be fully trained and on the roster of acceptable back up staff for Heartspring.</p>	V 289		

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V 289	<p>Continued From page 15</p> <p>The increase in monitoring to include pop in visits will help ensure this does not happen and reinforce that it will not be tolerated.</p> <p>Heartspring will have ongoing search for prospective and additional AFL homes and staff to try to ensure there is a network of places available for individuals if this were to happen in the future.</p> <p>Describe plans to make sure the above happens.</p> <p>To help ensure this does not happen again Heartspring has begun implementation of the above listed items. These strategies will be the responsibility of the President or his designee and will be ongoing for the foreseeable future as a part of our plans to keep our residents safe.</p> <p>The facility was serving 3 clients ages 20-24 with diagnoses of Autism, Moderate Intellectual Disability, Post Traumatic Stress Disorder, Intermittent Explosive Disorder, Psychotic Disorder (with delusions), Seizure Disorder and Pica Disorder. The clients had histories of violent behaviors and physical and verbal abuse. On July 11th, these clients were found by the MCO to have been left in the home with an unknown person. The AFL Provider went out of town for 5 days and left a staff person who was not hired or affiliated with the Licensee to care for the clients. While the staff person was familiar with Client #1, she did not receive any training on FC #3 and FC #4 and did not have access to their treatment plans. There was no documentation on the MAR to show that the clients received their medications</p>	V 289		



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V 289	Continued From page 16  during this time. Additionally, Client #1 had been admitted into the home on 6/7/18 by the AFL Provider's own company but was not a client of the Licensee and the Licensee was unaware of Client #1 living in the home. The Licensee was also unaware of the AFL Provider going out of town and leaving a person to work in the home with the clients, and therefore did not have any records or training information for the staff person left in the home to care for the clients. The home was also in dissaray, with animal odor, piles of clothes on the floor, papers covering the counters and stove and trash on the floor in one of the bedrooms. The AFL Provider using poor judgement by leaving a person in the home not hired by Licensee, having a 3rd client in the home who was not admitted by the Licensee, incomplection of MARs for 5 days, termination of license without a 60 day discharge notice for Client #1, and the upkeep of the home was detrimental to the health, safety and welfare of the clients. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 289		
V 368	G.S. 122C-63 Assurance for continuity of care  § 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION (a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to residential placement in an alternative facility if	V 368		

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V 368	<p>Continued From page 17</p> <p>the client is in need of placement and if the original facility can no longer provide the necessary care or treatment.</p> <p>(b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:</p> <p>(1) The area authority determines that the client is not in need of continuing care;</p> <p>(2) The client is moved to an alternative residential placement; or</p> <p>(3) Sixty days have elapsed; whichever occurs first.</p> <p>In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice.</p> <p>(c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if:</p>	V 368		

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V 368	<p>Continued From page 18</p> <p>(1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or</p> <p>(2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement.</p> <p>(d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal.</p> <p>(e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain</p>	V 368		

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V 368	<p>Continued From page 19</p> <p>responsibility for coordination of placement during a temporary placement in a State facility.</p> <p>(f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period.</p> <p>(g) The area authority's financial responsibility, through local and allocated State resources, is limited to:</p> <p>(1) Costs relating to the identification and coordination of alternative placements;</p> <p>(2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and</p> <p>(3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release.</p> <p>(h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the area authority of intent to discharge one of one former client with developmental disability 60 days prior to discharge. The findings are:</p>	V 368		

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V 368	<p>Continued From page 20</p> <p>Review on 8/1/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 6/7/18</li> <li>- Diagnoses of Autism, Moderate Intellectual Disability Disorder; Attention-Deficit Hyperactivity Disorder; and Post-Traumatic Stress Disorder</li> <li>- No documentation of a 60 day notice of intent to discharge</li> </ul> <p>Review on 8/7/18 of an email received 8/7/18 revealed:</p> <ul style="list-style-type: none"> <li>- Per the licensee's request, the license was terminated effective 7/12/18</li> </ul> <p>Interview on 8/1/18 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> <li>- He was no longer with Heartsprings as of July 11th, 2018</li> <li>- He was going to provide AFL services under his own company. He completed a change of licensure request and mailed it to Raleigh on 7/31/18</li> </ul> <p>Interview on 8/2/18 with The Licensee revealed:</p> <ul style="list-style-type: none"> <li>- He was no longer going to contract with the home and wanted to terminate the license.</li> <li>- He thought the AFL Provider sent in a change of licensure to have the home taken out of Heartsprings' name</li> <li>- He did not know that Client #1 was living in the home and knew no information about him</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type B rule violation and must be corrected within 45 days.</p>	V 368		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 21</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility and its grounds in a safe, clean, attractive, and orderly manner and free from offensive odor. The findings are:</p> <p>Observation on 8/1/18 at approximately 12pm revealed: - Unpleasant odor in the house - Clothes piled on the floor in the corner of living room - An abundance of papers covering the kitchen table - An abundance of papers covering the island stove and counter surrounding the stove - Bedroom #2 had trash on the floor and a pile of clothes on the floor - Bathroom #1 had urine in the toilet - The fire alarm in the living room/foyer area was beeping</p> <p>Interview on 8/2/18 with the AFL Provider revealed: - He had garbage in the garage and some clothes laying around but it was not unsafe. It just needed to be cleaned.</p> <p>Interview on 8/1/18 of Client #1's 1on1 worker revealed: -The house was not usually this bad. The clothes are usually folded.</p>	V 736		

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V 736	<p>Continued From page 22</p> <ul style="list-style-type: none"> <li>- There is always a smell in the house because of the dog as well as FC #2 would urinate and defecate on himself and sometimes on the floor</li> </ul> <p>Interview on 8/16/18 with Former Client #2's guardian revealed:</p> <ul style="list-style-type: none"> <li>- She rarely went to the home anymore but used to go all the time. She used to clean the house. There was clothes that needed to be folded but she never saw anything unsafe.</li> </ul> <p>Interview on 8/16/18 with Former Client #3's guardian revealed:</p> <ul style="list-style-type: none"> <li>- The home was never really clean. There was a lot of clutter. The table had piles of paperwork. The house sometimes smelled like animals (because he had dogs).</li> <li>- She never seen anything extremely unsafe</li> </ul> <p>Interview on 9/4/18 with the Local Management Entity/ Managed Care Organization (LME/MCO) Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- When he entered the home on 9/4/18, "there was stuff everywhere." There was a urine smell in the home. There was clutter throughout the house and garbage bags in a room right off the kitchen.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type B rule violation and must be corrected within 45 days.</p>	V 736		